

STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE

Insurer Appointment and Termination, Electronic Filing Exemption
(California Code Regulation, Section 2194.43)

We respectfully request an exemption to the electronic submission requirements for company appointments and terminations for the lines of authority specified under section 2190.22.

I hereby certify that _____, _____, meets the exemption
(Insurer) (NAIC #)
requirements as prescribed in section 2190.24 (Prescribed Alternate Methods of Filing) by annually
appointing or terminating, in the aggregate, 25 or fewer agents.

Attached to this request is one of the following forms with applicable fees.

_____ Action Notice of Appointment (Form LIC 447-54A)

_____ Action Notice of Termination (Form LIC 447-54T)

Dated on this _____ day of _____, 20____

By _____
(Signature) *

(Name – Print or Type)

(Position or Title)

(Phone Number)

Mailing Address: Department of Insurance, 320 Capitol Mall, Sacramento CA 95814-4309.